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<p style="font-size: small;">Please type a plus sign (+) inside this box +</p> <p style="font-size: x-small;">Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE</p> <p style="font-size: x-small;">Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>		<p style="font-size: x-small;">PTO/SB/05 (03-01)</p> <p style="font-size: x-small;">09/19/2001</p>																																					
<h2 style="margin: 0;">UTILITY PATENT APPLICATION TRANSMITTAL</h2> <p style="font-size: x-small;">(Only for new nonprovisional applications under 37 CFR 1.53(b))</p>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 2px;">Attorney Docket No.</td><td style="width: 50%; padding: 2px;">170943-00001</td></tr><tr><td style="padding: 2px;">First Inventor</td><td style="padding: 2px;">Earl Van Wagoner III</td></tr><tr><td style="padding: 2px;">Title</td><td style="padding: 2px;">Process To Determine Impact Location</td></tr><tr><td style="padding: 2px;">Express Mail Label No.</td><td style="padding: 2px;">EL 779902710US</td></tr></table>		Attorney Docket No.	170943-00001	First Inventor	Earl Van Wagoner III	Title	Process To Determine Impact Location	Express Mail Label No.	EL 779902710US																												
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<p style="text-align: center; font-weight: bold;">APPLICATION ELEMENTS</p> <p style="font-size: x-small;">See MPEP chapter 600 concerning utility patent application contents.</p>		<p style="text-align: center; font-weight: bold;">ADDRESS TO:</p> <p style="font-size: x-small;">Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</p>																																					
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 19] (preferred arrangement set forth below)<ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total Pages]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies</p>																																					
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Continuation</td><td><input type="checkbox"/> Divisional</td><td><input type="checkbox"/> Continuation-in-part (CIP)</td></tr></table> <p style="font-size: x-small;">Prior application information: Examiner _____ Group Art Unit: _____</p> <p style="font-size: x-small;">For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	<p style="text-align: center; font-weight: bold;">19. CORRESPONDENCE ADDRESS</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Customer Number or Bar Code Label</td><td style="text-align: center;"><div style="border: 1px solid black; padding: 2px; font-size: x-small;">(Insert Customer No. or Attach bar code label here)</div></td><td style="text-align: right;">or <input checked="" type="checkbox"/> Correspondence address below</td></tr></table>		<input type="checkbox"/> Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 2px; font-size: x-small;">(Insert Customer No. or Attach bar code label here)</div>	or <input checked="" type="checkbox"/> Correspondence address below																														
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

170943-00001

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
	15	0
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	15 minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$ 355
x \$ ____ =	0
x ____ =	0
+ ____ =	0
TOTAL	\$355

OR

RATE	FEE
	\$ ____
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**		=
Independent (37 CFR 1.16(b))	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	

OR

RATE	ADDI- TIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	

TOTAL
ADDIT. FEE

OR

TOTAL
ADDIT. FEE

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**		=
Independent (37 CFR 1.16(b))	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	

OR

RATE	ADDI- TIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	

TOTAL
ADDIT. FEE

OR

TOTAL
ADDIT. FEE

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**		=
Independent (37 CFR 1.16(b))	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	

OR

RATE	ADDI- TIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	

TOTAL
ADDIT. FEE

OR

TOTAL
ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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